

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form. *M/H/V*

PLAINTIFF <b>Corey Manuel</b>		COURT CASE NUMBER <b>07C6335</b>	
DEFENDANT <b>Sergeant Lyles, et al.</b>		TYPE OF PROCESS <b>S/C</b>	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Sergeant Lyles</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2600 South California Chicago IL Division 1</b>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.	
<b>Cory Manuel, #2007-0014551</b> <b>Cook County Jail</b> <b>P.O. Box 089002</b> <b>Chicago, IL 60608</b>			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

*C/o Rhonna, legal Dept. 2nd Flr Div. 5.*

Signature of Attorney or other Originator requesting service on behalf of:

*Corey Manuel*
☐ PLAINTIFF  
☒ DEFENDANT

TELEPHONE NUMBER

DATE

**11-20-07**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1 of 5</b>	District of Origin No. <b>24</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>11-20-07</b>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Officer Rhonna Farnandis*

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time **2:35** *PM*

Signature of U.S. Marshal or Deputy

Service Fee <b>96.00</b>	Total Mileage Charges (including endeavors) <b>5.34</b>	Forwarding Fee <b>0</b>	Total Charges <b>101.34</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>101.34</b>	Amount of Refund <b>0</b>
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REMARKS:

*1 - PUSM 11 - miles  
2 - Hours*